

GENERAL INFORMATION/INSTRUCTIONS FOR FILING MESSAGE THERAPY ESTABLISHMENT

Access this form via website at: www.hawaii.gov/dcca/pvl

- A "Massage Therapy Establishment" is defined as premises occupied and used for the purpose of practicing massage or massage therapy training; provided that when any massage therapy establishment is situated in any building used for residential therapy purposes, the massage therapy establishment premises shall be set apart and shall not be used for any other purpose.
- No massage establishment shall be licensed or allowed to operate unless the massage business is under the direct management of a massage therapist designated as the principal massage therapist and the name of the person has been recorded with the board's office. **All subsequent changes in personnel must be reported to the Board in writing within forty-eight (48) hours of the change on a "Change of Personnel for Massage Therapy Establishments" form MA-12.** Contact the Board's office for form or you may download the form from our website at: www.hawaii.gov/dcca/pvl.
- Massage therapy laws, Chapter 452, Hawaii Revised Statutes, and rules, Chapter 84, Hawaii Administrative Rules,** may be obtained by sending a written request to the Board's address below. Indicate the specific chapter in your request.
The laws and rules are also posted on our website at: www.hawaii.gov/dcca/pvl. Click on Massage Therapy.
- Mail the completed application and required documents to:
Board of Massage Therapy
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801
or
Deliver to office location at:
335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000
- RELOCATION**
If filing for relocation of establishment, complete and file the attached application together with a copy of the "Sanitation Clearance" issued by the State Department of Health after inspection. Inspection reports are not acceptable. **The address on this sanitation clearance or permit must be exactly the same as the "location of business" that you provided on the application form.**
Attach the application fee of \$25.
- It is your responsibility to keep the board informed of all address changes.

FEES

ATTACH APPROPRIATE FEES MADE PAYABLE TO: COMMERCE & CONSUMER AFFAIRS

If your license is issued between July 1, **even-numbered** years and June 30, odd-numbered years, pay \$145
(Application-\$25, License-\$25, Compliance Resolution Fund-\$70, 1/2-Renewal fee-\$25), **OR**

If your license is issued between July 1, **odd-numbered** years and June 30, even-numbered years, pay \$85*
(Application-\$25, License-\$25, Compliance Resolution Fund-\$35).

Relocation (same owner but in a different location) Application \$25 \$25

*Subject to renewal by June 30 (even-numbered years).

Note: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you may not do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

REQUIREMENTS FOR LICENSE - MASSAGE THERAPY ESTABLISHMENT

APPLICANTS ARE SUBJECT TO REQUIREMENTS IN EFFECT AT THE TIME OF FILING.

- **Attach** a copy of the "Sanitation Clearance" issued by the State Department of Health after inspection. Inspection reports are not acceptable. **The address on this sanitation clearance or permit must be exactly the same as the "location of business" that you provided on the application form.** *Contact the Department of Health, Sanitation Branch:*

Phone: (808) 586-8000

Hilo: (808) 933-4371

Kona: (808) 322-7011

Maui/Molokai: (808) 243-5274

Kauai: (808) 241-3323

- If the application is for a corporation, partnership, LLC or LLP, **submit** the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii. Call them at: **(808) 586-2727** or visit their website at: www.businessregistrations.com/home.html to order Certificates of Good Standing, forms, etc.
 - If the entity has been registered in this state for LESS THAN ONE (1) YEAR, **ATTACH** a "filed-stamped" copy of the registration document filed with BREG, or the same certificate mentioned below.
 - If the entity has been registered in this state for MORE THAN ONE (1) YEAR, **ATTACH** a **current** "Certificate of Good Standing", issued no more than one (1) year ago.
- **TRADE NAME:** If you will be using a trade name, it is suggested that you check with the Department of Commerce and Consumer Affairs, Business Registration Division, and the Hawaii State Tax Department, to see if the trade name is already registered.

Type or print legibly in black ink .		FOR OFFICE USE ONLY	Exec. Sec. approval/date:	
Circle type of BUSINESS ENTITY :			Date Effective	License No.
INDIVIDUAL (Sole Owner) CORPORATION PARTNERSHIP			MAE-	
LIMITED LIABILITY CO. (LLC) LIMITED LIABILITY PARTNERSHIP (LLP)				
Name of Applicant (First-Middle-LAST; or name of corporation, partnership, LLC or LLP):				
Trade Name (if any)				
Location of Business (include Suite No., City, State & Zip Code)				
Mailing Address (ONLY if different from Location)		Check type of APPLICATION being made:		
Social Security No.		[] NEW LICENSE.		
Phone No. (days)		[] RELOCATION: Same owner but in a different location.		
PRINCIPAL MESSAGE THERAPIST	Name (First-Middle-LAST)	License No.	Expiration Date of License:	Phone No. (days)
	Name (First-Middle-LAST)	License No.	Expiration Date of License:	Phone No. (days)

ACKNOWLEDGEMENT:

I do hereby acknowledge that I will be the principal message therapist for this establishment. I also acknowledge that I have read and do understand the statutes and rules of the Massage Therapy Board, and my responsibilities.

Signature of Principal Therapist	Date	Signature of Principal Therapist	Date
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MAT	List NAME and LICENSE NUMBERS of all Massage Therapists who will be working for or associated with this firm:

The following questions pertain to the applicant and any persons (principal message therapist(s), officers, directors, managements, partners, etc.) responsible for the massage therapy establishment. Circle or underline answers. Give details when required.

1) Are you at least 18 years of age?

.....YES NO

2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?

.....YES NO

3) Have you ever held a massage therapy establishment license in Hawaii?

.....YES NO

Name under which license was issued _____ Date of License _____ Lic. No. MAE-

4) Has any license ever been suspended, revoked or otherwise subject to disciplinary actions?

.....YES NO

(Explain a "yes" response on a separate sheet and submit pertinent documents.)

5) Are there any disciplinary actions pending against you?

.....YES NO

(Explain a "yes" response on a separate sheet and submit pertinent documents.)

6) In the past 20 years, have the owner, officers and directors, partners, managers or members ever been convicted of a crime in which the conviction has not been annulled or expunged?

.....YES NO

(If "yes," provide information on the date, place and type of conviction on a separate sheet. Attach copy of court documents or records pertaining to conviction.)

IF APPLICATION IS FOR A CORPORATION, PARTNERSHIP, LLC, OR LLP, THE REVERSE SIDE MUST BE COMPLETED.

AFFIDAVIT OF APPLICANT:

I hereby certify that the answers and statements contained in this application and the documents attached are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of license (Section 452-24, Hawaii Revised Statutes), and/or grounds for criminal prosecution (Section 710-1017, Hawaii Revised Statutes). I further certify that I have read, understand, and shall obey all laws and rules pertaining to the Board of Massage Therapy.

Date	Applicant's Signature
	Title
	App 295 \$25
	Lic 298 \$25
	CRF 299 \$35/\$70
	1/2 Ren 290 \$25
	Service Fee..... BCF \$15

Name of Applicant:

OFFICERS OF CORPORATION, PARTNERS, MANAGERS OR MEMBERS	NAME (First-MI-Last)	ADDRESS (include zip code)
	President, Partner, Manager or Member	<u>Present Residence</u> Address
	Social Security No.	<u>Present Business</u> Address
	Vice-President, Partner, Manager or Member	<u>Present Residence</u> Address
	Social Security No.	<u>Present Business</u> Address
	Secretary, Partner, Manager or Member	<u>Present Residence</u> Address
	Social Security No.	<u>Present Business</u> Address
	Treasurer, Partner, Manager or Member	<u>Present Residence</u> Address
	Social Security No.	<u>Present Business</u> Address

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT.

HAVE YOU REMEMBERED TO:

- 1. Sign application.
- 2. **Attach** your check made payable to COMMERCE AND CONSUMER AFFAIRS in the appropriate amount.
- 3. **Attach** a current sanitation clearance issued by the State Department of Health.
- 4. Have your principal massage therapist sign the "Acknowledgement of Principal Therapist."
- 5. **Attach** evidence of registration as an entity in Hawaii.
- 6. Indicate the type of license you are applying for.
- 7. Complete page 2 of the application form if you are an entity.